

Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	69607	10/19/99
O.I.P.E. CLASSIFIER		2	10/25/99
FORMALITY REVIEW		69055	11-2-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral) Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	8/24/98
2	10/14/98
3	10/14/98
4	10/14/98
5	10/14/98
6	10/14/98
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8	10/14/98
9	10/14/98
10	10/14/98
11	10/14/98
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47	10/14/98
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49	10/14/98
50	10/14/98

Claim	Date
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Claim	Date
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Original	
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If more than 150 claims or 10 actions  
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